

CHILD ABUSE AND NEGLECT  
INVESTIGATION REPORT

Completion of this form is required by s. 48.981, Wisconsin Statutes. This form is to be sent to the Division of Supportive Living/AO-IS Unit **immediately** upon completion of the investigation. Investigations are to be completed within 60 days from receipt of report.

1	CAN investigation ID XXXXXX	Indep. Invest. <input type="checkbox"/>
2	Worker Number XXXXXX	
3	Reporting Unit XXXXXX	

4	Date - Report Received X X X X X X	5	Reporter X	6	A / N Type 25	9	Date - Investigation Completed X X X X X X	11	Siblings not A / N XX
7	Date - Face to Face Initial Contact X X X X X X	8	Family Characteristics / Conditions X	10	Family Safety Services X	12	Local Information XXXX		

MALTREATER INFORMATION				
	13 Code	14 Age	15 Sex (M/F/U)	16 Ethnic Code
	A			
	B			
	C			

EXAMPLE #5-b

CHILD INFORMATION															
	17 Child Code	18 Age	19 Sex (M / F)	20 Ethnic Code	21 Disability	22 Injuries or Indicators of Maltreatment	23 Med Attn. (Y / N)	24 Prior A / N (Y / N / U)	25 Maltreater Rel.			26 Investigation Disposition			
									A	B	C				
XXXXXX	01	15	X	X		X	X	X	94			X			
	02														
	03														
	04														
	05														

INCIDENT INFORMATION										Note: L & NF for use with code 51 ONLY									
27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)						
			A	B	C					A	B	C							
01	XXXXXX	25	94			S	04												
02							05												
03																			

SIGNATURE - Supervisor